

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155218		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 06/23/2011	
NAME OF PROVIDER OR SUPPLIER  REGENCY PLACE OF DYER				STREET ADDRESS, CITY, STATE, ZIP CODE 2300 GREAT LAKES DRIVE DYER, IN46311			
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F0000	<p>This visit was for the Investigation of Complaint IN00091259.</p> <p>Complaint IN00091259-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies cited.</p> <p>Survey dates: June 22 &amp; 23, 2011</p> <p>Facility number: 000123 Provider number: 155218 AIM number: 100266720</p> <p>Survey team: Janet Adams, RN</p> <p>Census bed type: SNF/NF: 129 Total: 129</p> <p>Census payor type: Medicare: 21 Medicaid: 82 Other: 26 Total: 129</p> <p>Sample: 4 Supplemental sample: 6</p> <p>This deficiency reflects state findings</p>			F0000	<p>This facility respectfully requests consideration of paper compliance related to F323. The facility requests that this plan of correction be considered its credible allegations of compliance.</p> <p>Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited and is also not to be construed as an admission of interest against the facility, the Administrator, or any employee, agents, or other individuals who draft or may be discussed in the response and Plan of Correction. In addition, preparation and submission of the Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the corrections of a conclusions set forth in this allegation by the survey agency.</p> <p>Accordingly, the facility has prepared and submitted this Plan of Correction prior to the resolution of appeal of this matter solely because of the requirements under State and</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0323 SS=D	<p>cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on June 24, 2011 by Bev Faulkner, RN</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, record review, the facility failed to ensure alarms were in place as ordered (Resident # 34) and two persons were utilized to transfer a resident as care planned (Resident # 23) for 2 of 2 residents reviewed for supervision and assistive devices in the sample of 4. (Residents # 23 and #34)</p> <p>Findings include:</p> <p>1. On 6/22/11 at 10:15 a.m., Resident #34 was observed sitting in a reclined chair in her room. The resident had a cast on her right lower leg. On 6/22/11 at 2:10 p.m. and 3:40 p.m., the resident was observed in bed. There was a green alarm box attached to the bed. There was a cord lying on the floor mat. The end of the cord was not attached to the alarm box. There were no staff members or visitors in</p>			F0323	<p>Federal law that mandates submission of the Plan of Corrections a condition to participate in the Title 18 and Title 19 programs. The submission of Plan of Correction within this timeframe should in no way be of non-compliance or admission by the facility.</p> <p>It is the practice of this facility to ensure the highest quality of care is afforded our residents. Consistent with this practice, the following has been done:</p> <p>The corrective action taken for the residents found to have been affected by the deficient practice was: <b>R34's alarm was immediately replaced. The C.N.A. who was responsible for transferring R23 no longer works for the facility.</b></p> <p>The corrective action taken for those residents having the potential to be affected by the same deficient practice is: <b>A full facility audit of all residents requiring use of alarms was completed to</b></p>		07/06/2011

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	<p>the room at the above times.</p> <p>The record for Resident #34 was reviewed on 6/22/11 at 10:35 a.m. The resident's diagnoses included, but were not limited to, multiple sclerosis, anemia, anxiety state, chronic pain, and insomnia.</p> <p>Review of the 6/11 Physician Order Statement indicated there was a physician order for the resident to have a personal alarm to the bed. The order was originally written on 3/17/11.</p> <p>A Fall Risk Assessment completed on 4/26/11 indicated the resident was disorientated daily and used devices for transfers and ambulation. The resident's score on the assessment was 14, which indicated she was at high risk for falls. The 4/12/11 Minimum Data Set quarterly assessment indicated the resident displayed disorganized thinking and her cognitive patterns were moderately impaired.</p> <p>A Physician's Progress Note, dated 5/31/11, indicated the resident had a cast applied for right proximal tibia (a bone in the lower leg) and right proximal fibula (a bone in the lower leg) fractures in the hospital Emergency Room.</p> <p>The 5/11 Resident Progress Notes were</p>				<p><b>ensure alarms were in place as ordered and functioning. No other issues were identified through this audit. Full facility review of all C.N.A. assignment sheets was conducted to ensure transfer information was current for all residents.</b></p> <p>The measures put into place and systemic change made to ensure the deficient practice does not recur is:</p> <p><b>All Care staff including department managers were re-educated on utilizing C.N.A. assignment sheets for transfer information as well safety devices. System put in place to ensure C.N.A. assignment sheets are updated when necessary to reflect changes in transfer information or the initiation or discontinuance of safety devices.</b></p> <p>To ensure the deficient practice does not recur, the monitoring system established is:</p> <p><b>A Performance Improvement tool has been developed that evaluates the proper placement of safety devices as indicated. Department Managers and Nursing Administration will complete PI tool weekly for four weeks, monthly for a</b></p>		

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	<p>reviewed. An entry made on 5/26/11 at 6:40 p.m., indicated the resident was observed on the mattress on the floor. The resident denied pain, the physician was notified, and neuro checks(observations of vital signs, ability to move extremities, and level of consciousness) were in progress.</p> <p>The 5/26/11 Post Fall Investigation Tool was reviewed with the RN Unit Manager on 6/23/11 at 9:45 a.m. The tool indicated an alarm was in place at the time of the fall on 5/26/11 but the alarm was not sounding. The Unit Manager indicated she spoke with the nurse assigned to the resident at the time of the fall and the nurse indicated to her that the alarm was not turned on. The Unit Manager indicated staff were educated to make sure the alarms were on when the resident was in bed. The Unit Manager indicated staff nurses are to check the alarm every shift and sign in the TAR (Treatment Administration Record) that the alarm is on.</p> <p>An entry made on 5/30/11 at 8:10 p.m., indicated the resident was observed on the floor mattress in the prone position. The resident denied any pain. The physician was called and the neuro checks continued. An entry made on 5/31/11 at 1:40 a.m., indicated the resident was</p>				<p><b>quarter and quarterly thereafter with results being forwarded to the PI committee for further review until 100% compliance is achieved. Also, a Performance Improvement tool has been developed that validates nursing staff demonstrating proper transfer technique as indicated on the C.N.A. assignment sheet. Nursing Administration will complete PI tool weekly for four weeks, monthly for a quarter and quarterly thereafter with results being forwarded to the PI committee for further review until 100% compliance is achieved.</b></p> <p>POC date: July 6, 2011</p>		

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PRINTED: 07/18/2011

FORM APPROVED

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	<p>found on the floor laying on the mattress with her leg bent underneath her. Slight swelling was noted below the resident's right knee and she complained of pain. The physician was notified and orders were given to send the resident to the hospital for evaluation and treatment. The resident was sent to the hospital at 1:55 a.m. An entry made on 5/31/11 at 6:30 p.m., indicated the resident returned to the facility with a cast to the right leg.</p> <p>When interviewed on 6/23/11 at 9:45 a.m., CNA #1 indicated she was assigned to care for Resident #34 today. The CNA indicated the resident was to have the bed alarm on when she was in bed.</p> <p>When interviewed on 6/23/11 at 11:25 a.m., the RN Unit Manager indicated the cord for the resident's bed alarm should have been attached to the box and the alarm was to be on at all times when the resident was in bed.</p> <p>2. On 6/22/11 at 3:30 p.m., Resident #23 was interviewed in her room. The resident indicated she fell to the floor and hurt her knee a couple of weeks ago. The resident indicated a CNA had transferred her by herself and she fell. The resident indicated she informed the CNA that two people were needed to transfer her.</p>						

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	<p>The record for Resident #23 was reviewed on 6/23/11 at 8:05 a.m. The resident's diagnoses included, but were not limited to, anemia, congestive heart failure, high blood pressure, and diabetes mellitus.</p> <p>A care plan, initiated on 9/3/10 and last updated on 2/6/11 and 6/7/11, indicated the resident was at risk for falls related to decreased mobility, the use of antidepressant medications, incontinence, and diagnoses of congestive heart failure and high blood pressure.</p> <p>The 6/2011 Resident Progress Notes were reviewed. An entry on 6/7/11 at 1:55 p.m., indicated the nurse was informed the resident was lowered to the floor. The resident stated her knees buckled. The resident complained of bilateral knee pain and was medicated with Tylenol.</p> <p>The CNA Assignment Sheet for the resident's room was received from the RN Unit Manager on 6/22/11 at 3:35 p.m. The sheet indicated Resident #23 was to be transferred with the assistance of two staff members. When interviewed at this time, the Unit Manager indicated the resident required two staff for transfer assistance as per the CNA Assignment Sheet.</p> <p>When interviewed on 6/23/11 at 11:45</p>						

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	<p>a.m., CNA #2 indicated information on how each resident is to be transferred is listed on the CNA assignment sheets. The CNA indicated the assignment sheet indicates how many staff members are required to transfer each resident.</p> <p>When interviewed on 6/23/11 at 8:a.m., the facility Administrator indicated Resident # 23 should have been transferred with two staff assists as per the CNA Assignment Sheet.</p> <p>3.1-45(a)(2)</p>						